PTO/SB/06 (08-03)
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| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875 |   |   |           |  |                             |                    |                        | Applic             | Application or Docket Number |                        |  |
|--|---|---|-----------|--|-----------------------------|--------------------|------------------------|--------------------|------------------------------|------------------------|--|
| CLAIMS AS FILED – PART I (Column 1) (Column 2)                           |   |   |           |  |                             | . SMA              | SMALL ENTITY           |                    | OTHER THAN SMALL ENTITY      |                        |  |
| Г  | FOR NUMBER FILED  |   |           |  | NUMBER EXTRA                |                    |                        | 7                  | SIVIALI                      | CENTITY                |  |
| BASIC FEE<br>(37 CFR 1.16(a))  |   |   |           | - I NOM  | BER EXIKA                   | RATE               | FEE                    | -                  | RATE                         | FEE                    |  |
| TO   | TAL CLAIMS  |   |           | <del></del>  |                             | ┨┟┷┷               | <del>-   \$</del> _    | OR                 |                              | \$                     |  |
| _  | CFR 1.16(c)) DEPENDENT CLA  | MMS   | minus     | 20 = -   | <del></del>                 | X \$               | .=                     | OR                 | x \$=                        |                        |  |
| (37  | CFR 1.16(b))  |   | minus     | 3 = '  |                             | X \$               | =                      | OR                 | x \$=                        |                        |  |
| MU   | LTIPLE DEPEND   | ENT CLAIM PRES  | ENT       | (37 CFR 1.16(d))   |                             | +\$                | =                      | OR                 | +\$=                         |                        |  |
| • 16   | * If the difference in column 1 is less than zero, enter *0" in column 2. |   |           |  |                             | TOTAL              |                        | OR                 | TOTAL                        |                        |  |
| CLAIMS AS AMENDED - PART II  |   |   |           |  |                             |                    |                        |                    |                              |                        |  |
| 4  | 18/05   | (Column 1)  |           | (Column 2)   | (Column 3)                  | SMA                | L ENTITY               | OR                 | OTHE                         | R THAN                 |  |
| •  |   | CLAIMS<br>REMAINING   | T         | HIGHEST  | 7                           |                    | T CMIII I              | 7                  | SMALL                        | ENTITY                 |  |
| AMENDMENT  | Total   | AFTER<br>AMENDMENT  |           | NUMBER<br>PREVIOUSLY<br>PAID FOR                           | PRESENT<br>EXTRA            | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
| Q  | (37 CFR 1.16(c))  | 30  | Minus     | 36   |                             | x s                | =                      | OR                 | x \$ =                       | 7                      |  |
| Æ  | Independent<br>(37 CFR 1.16(b))   | 6   | Minus     | " 6  |                             | X \$               | =                      | OR                 | x \$ =                       |                        |  |
| ₹<br>_   | FIRST PRESEN  | TATION OF MULTIP  | LE DEPEND | DENT CLAIM (37 C   | FR 1.16(d))                 | +\$                |                        | OR                 |                              |                        |  |
|  |   |   |           |  |                             | TOTAL              |                        | 1                  | + \$ =<br>TOTAL              |                        |  |
|  |   | (Column 1)  |           | (Column 2)   | (Oaluma 0)                  | ADD'L FE           | ·                      | OR                 | ADD'L FEE                    |                        |  |
| AMENDMENT (  |   | CLAIMS  | T         | (Column 2)<br>HIGHEST                                      | (Column 3)                  |                    | 1                      | 7                  |                              |                        |  |
|  |   | REMAINING<br>AFTER<br>AMENDMENT                             |           | NUMBER<br>PREVIOUSLY<br>PAID FOR                           | PRESENT<br>EXTRA            | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE                         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total<br>(37 CFR 1.18(c))   |   | Minus     | **   | =                           | X \$=              |                        | OR                 | x \$ =                       | 120                    |  |
| MEN  | (37 CFR 1.16(b))  | •   | Minus     | ***  | =                           | x \$=              |                        | OR                 | x \$ =                       |                        |  |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))           |   |           |  |                             | +s =               |                        | OR                 |                              |                        |  |
|  | · · · · · · · · · · · · · · · · · · ·                                     |   |           |  |                             | TOTAL<br>ADD'L FEE |                        | OR:                | TOTAL<br>ADD'L FEE           |                        |  |
|  |   | (Column 1)  |           | (Column 2)   | (Column 3)                  |                    |                        | •                  |                              |                        |  |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                   |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                | PRESENT<br>EXTRA            | RATE               | ADDI-<br>TIONAL<br>FEE |                    | RATE                         | ADDI-<br>TIONAL        |  |
| 툂  | Total<br>(37 CFR 1.16(c))   |   | Minus     | **   | =                           | x.s=               | 1                      |                    | x \$ =                       | FEE                    |  |
|  | Independent<br>(37 CFR 1.16(b))   |   | Minus     | ***  | =                           | x \$ =             |                        | OR                 |                              |                        |  |
| ₹[   | FIRST PRESENTA  | ATION OF MULTIPLE   | E DEPENDE | NT CLAIM (37 CF)   | R 1.16(d))                  |                    |                        | OR                 | X \$=                        |                        |  |
|  |   |   |           |  | +\$ =<br>TOTAL<br>ADD'L FEE |                    | OR [                   | TOTAL<br>ADD'L FEE |                              |                        |  |
|  | If the "Highest N   | lumn 1 is less tha<br>lumber Previously<br>umber Previously | Paid For  | in column 2, write<br>IN THIS SPACE is<br>IN THIS SPACE is | a laca than 00 -            | -4 4001            |                        |                    | <u>_</u>                     |                        |  |

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.